

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/17/2011  
FORM APPROVED  
OMB NO. 0938-0391

45th 4/30/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445237	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  03/15/2011
NAME OF PROVIDER OR SUPPLIER  CHURCH HILL CARE & REHAB CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD CHURCH HILL, TN 37642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 072 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: Based on observation the facility failed to assure the means of egress was continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergencies.</p> <p>The findings included:</p> <p>Observation on March 14, 2011 between 9:00 a.m. and 3:00 p.m. revealed the corridors throughout the facility were obstructed in width by clean linen carts, soiled linen containers, isolation stands, computer carts and computer drop down units with a chair.</p>	K 072	<ol style="list-style-type: none"> <li>1. Nursing staff was immediately instructed on March 14<sup>th</sup>, that an unobstructed pathway had to be maintained throughout each corridor in the facility for full instant use in case of a fire or other emergency, which includes the computer drop down stations not left down when unoccupied.</li> <li>2. The obstructions preventing a continuous means of egress have been identified. Nursing staff has been inserviced by the Nurse Educator/Assistant Director of Nursing beginning on March 14<sup>th</sup> on maintaining an unobstructed pathway throughout each corridor in the facility. The nursing staff who were not present will be inserviced by the Nurse Educator/Assistant Director of Nursing within the next 2 weeks. During new hire orientation, the Nurse Educator will inservice the nursing staff on maintaining an unobstructed continuous means of egress.</li> <li>3. The corridors throughout the facility will be monitored weekly by the Administrator/Maintenance Director to determine that a means of egress is continuously maintained free of obstructions or impediments for full instant use in the case of fire or other emergency. Spring loaded hinges will be applied to all computer drop down desks in order for them to automatically close when not in use.</li> <li>4. To ensure that the deficient practice will not recur, the Administrator /Maintenance Director will monitor the corridors for obstructions. If any obstructions are found, the observing Manager will correct the nursing staff at that time and report the findings at the monthly Quality Assurance meetings until the deficient practice is determined to be of an acceptable quality.</li> </ol>	4/20/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.